

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		✓		1		
3		✓		1		
4		✓		1		
5		✓		1		
6		✓		1		
7		✓		1		
8		✓		1		
9		✓		1		
10		✓		1		
11		✓		1		
12		✓		1		
13		✓		1		
14		✓		1		
15		✓		1		
16		✓		1		
17		✓		1		
18		17		17		
19		18	✓	①		
20		✓		1		
21		✓		1		
22	1	1	1			
23		✓		1		
24		✓		1		
25		✓		1		
26		✓		1		
27		✓		1		
28		✓		1		
29		✓		1		
30	1		1			
31	1		1			
32		✓		1		
33		✓		1		
34		✓		1		
35		✓		1		
36		✓		1		
37		✓		1		
38		✓		1		
39		✓		1		
40		✓		1		
41		✓		1		
42		✓		1		
43		✓		1		
44	1		1			
45		✓		1		
46		✓		1		
47		✓		1		
48		✓		1		
49						
50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	765	←		←		←
TOTAL CLAIMS	770					

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS